

**BEST AVAILABLE COPY**

<b>CLAIMS ONLY</b>						SERIAL NO. _____		FILING DATE _____					
						APPLICANT(S) _____							
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		
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TOTAL IND.	1		↓		↓		↓		↓				
TOTAL DEP.	9		↔		↔		↔		↔				
TOTAL CLAIMS	10												

  

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS							
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